Name in Full — Certificate of Death

Porter B. Collier

Died at Town: Friendsville County: Garrett MARYLAND

Date 1895 Month: 12 Day: 22 | Age Y.: 1 M.: 2 D.: 25 | Native of: Md | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living: ~~—~~

Husband of / Wife

Father's Name: M. D. Collier

Mother's Name: Annie J. Collier

Cause of Death — Primary: Diphtheria — How long sick: 3 wks

Immediate: Membranous Croup — Accident, Suicide, Homicide: —

Reported by: A. J. Mason

Address: Friendsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full — Certificate of Death

Galloway

Died at Town: Kearney — County: Garrett — MARYLAND

Date 189 8 — Month: 12 — Day: 28 — Age: Y. M. D. — Native of — Occupation

Male / ~~Female~~ — ~~White~~ / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of

Father's Name — Mother's Name

Cause of Death: Primary — Paralysis 4y — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Mountain Democrat 1-6-

Address

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Name in Full — Certificate of Death

Rebecca Keller

Died at Town: Near Hayes County: Garrett — MARYLAND

Date 1898 Month: Dec. Day: 24 | Age Y. 75 M. 4 D. 21 | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 6 or 7

Husband of Wife Jacob Rydell

Father's Name — — | Mother's Name —

Cause of Death: Primary Senility 141 | How long sick 2 weeks

Immediate Dropsy | ~~Accident, Suicide,~~ Homicide

Reported by R. A. Edmundson

Address Accident, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Austin Lloyd Keasner

Died at Town New Windsor County Grant MARYLAND

Date 189 Month Dec Day 29 Age Y. 2 M. 4 D. 23 Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Enoch E. Keasner

Mother's Name Jennie Moon-Keasner

Cause of Death: Primary Diphtheria

How long sick

Immediate Croup Dy

Accident, Suicide, Homicide

Reported by M. C. Hinebaugh M.D.

Address Norrisville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Katie Myles

Certificate of Death

Died at Oakland Sanitorium (Town) Garrett (County) MARYLAND

Date 189 8 Month 12 Day 27 | Age Y. 17 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary: Pneumonia 7 2 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Ernest Journal 12-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

St. Peters Catholic Cemetery.

S. H. & H. Co Emus Oakland.

Boldin. Brom Undertakers,

Oakland Md.

Name in Full

Certificate of Death

Adeline Rieker

Town: Oakland

County: Garrett

Died at Oakland, Garrett, MARYLAND

Date 189 8 Dec — Month: Dec — Day: 27

Age — Y. 8 M. 4 D.

Native of: Germany

Occupation:

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / Widow / ~~Widower~~ — ~~Divorced~~

Number of children living —

Husband / Wife of —

Father's Name —

Mother's Name

Cause of Death — Primary: old age — How long sick

Immediate: failure of Heart action — Accident, Suicide, Homicide

Reported by Mrs Rawlinscroft Md

Address Oakland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full John H. Savage

Certificate of Death

Died at Town Farr County Garrett MARYLAND

Date 189 8 Month 12 Day 13 | Age Y. 69 M. 6 D. 11 | Native of Garrett Co | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

~~Husband~~ Wife of Julia A Savage

Father's Name Samual Savage | Mother's Name Mary Savage

Cause of Death: Primary 44 yrs | How long sick 13 days

Immediate Paralysis | ~~Accident, Suicide, Homicide~~

Reported by Dr A.J. Mason

Address Friendsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7

Name in Full

Certificate of Death

Christian Klabach

Died at Town: near Oakland County: Garrett MARYLAND

Date 1895 Month: 12 Day: 28 | Age Y.: 65 M.: D.: | Native of Ind | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of ——— Hostetler

Father's Name ———

Mother's Name ———

Cause of Death: Primary Dropsy

Immediate Heart

How long sick 18 months

~~Accident, Suicide, Homicide~~

Reported by I. D. Newman M.D.

Address Oakland Garrett Co. Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Mary E. Frances Stanton

Died at Town: Oakland County: Garrett MARYLAND

Date 189 Month: Dec. Day: 26 | Age Y.: 73 M.: 5 D.: 26 | Native of: Ireland | Occupation:

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of Wife: Lawrence Stanton

Father's Name: Thomas Frances

Mother's Name: Mary Hutchins

Cause of Death — Primary: Bronchitis (Chronic) 70 | How long sick: One year

Immediate: General debility | Accident, Suicide, Homicide

Reported by: Dr. E. N. Bartlett

Address: Oakland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70088

Name in Full Phulis K. Welch — Certificate of Death

Died at Town Friendsville County Garrett MARYLAND

Date 1898 Month 12 Day 7. | Age Y. 1 M. D. 26 | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children~~ living

Husband of ~~Lloyd Jr.~~
Wife

Father's Name Lloyd M. Welch — Mother's Name Nellie B. Welch

Cause of Death — Primary 86 — How long sick 2 days

Immediate Membranous Croup — Accident, Suicide, Homicide

Reported by A. Mason M.D.

Address Friendsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79-28

Name In Full

Certificate of Death

Herbert Hollan Wolfe

Died at Town Oakland. County Garrett MARYLAND

Date 1898 Month Dec. Day 4.

Age Y. 23 M. 1 D. 9.

Native of W. Va.

Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name Simon Wolfe

Mother's Name Jane Wolfe, nee Faulkner

Cause of Death: Primary Pulmonary 220 — How long sick 1 yr. 4 mo.

Immediate Consumption — Accident, Suicide, Homicide

Reported by Rev. R. B. Ward

Address Oakland Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858

Attended by Dr. H. H. McConnaughey
of Oakland Md.

The undertaker was D. E. Bolden
of Oakland Md.

Information contained in this certificate received from Irene Jane Wolfe
of Oakland Md.

Name in Full X Yoder

Certificate of Death

Died at Town Grantsville County Garrett MARYLAND

Date 1899 Month Dec 9 Day Age Y. 1 M. D. Native of Maryland Occupation None

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living None

Husband of
Wife

Father's Name Ulrich S. Yoder

Mother's Name 145 Catherine Bittinger

Cause of Death: Primary Died suddenly, after birth of twin. Ca. Uterus How long sick

Immediate Do not know! Cancer? Accident, Suicide, Homicide

Reported by H L Swiggard

Address Grantsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968